



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

4205 N. 7th Avenue, Suite 305 • Phoenix, Arizona 85013 • (602) 589-8352 • FAX: (602) 589-8354

www.ot.az.gov

APPLICATION FOR **RENEWAL** OF LICENSURE AS AN OCCUPATIONAL THERAPIST OR AN OCCUPATIONAL THERAPY ASSISTANT

LICENSE NUMBER _____

CHECK ALL THAT APPLY	APPLICATION TYPE	FEES
<input checked="checked" type="checkbox"/>	RENEWAL APPLICATION <i>(Must provide proof of completion of educational requirements)</i>	
	OCCUPATIONAL THERAPIST	\$200.00
	OCCUPATIONAL THERAPY ASSISTANT	\$100.00
	INACTIVE APPLICATION <i>(License must be current to apply for inactive status)</i>	
	OCCUPATIONAL THERAPIST	\$25.00
	OCCUPATIONAL THERAPY ASSISTANT	\$15.00
	TOTAL AMOUNT SUBMITTED	

PERSONAL INFORMATION *(Type or Print)*

Name	Last	First	Middle
Other names used	Maiden	Also Known As – AKA	
Home address	Number/Street	City	State Zip code
Telephone Number	Home	Work	Cell
Email address			
Social Security Number		Date of Birth (mm/dd/yyyy)	
Gender	Male	Female	US Citizen ¹ YES NO

¹Attach the required statement of citizenship and alien status along with selected proof of status if you have not previously done so. The necessary forms are available on the website: www.ot.az.gov

*The State Attorney General has determined that in order to be in compliance with the law, documentation **MUST** be submitted with initial application AND/OR with a license renewal if documentation has not been previously submitted. If previously submitted and NO CHANGE has occurred in your citizenship status, sign the following affirmation statement.*

POSITIVE AFFIRMATION OF NO CHANGE IN CITIZENSHIP STATUS

By signing, I certify that the document(s) previously submitted are correct and still applicable to my citizenship status or right to work in the United States.

Signature

Date

CURRENT EMPLOYMENT (Type or Print)

Name of Employer		Phone Number		
Employer Address	Number/Street	City	State	Zip code

CONTINUING EDUCATION (*Proof of completion of all continuing education must be included with application. See page 3 of the application for the type of proof required.*)

Pursuant to A.R.S. §32.3426 and in accordance with A.A.C. R4-43-203(A)(1)(2), an occupational therapist shall complete 20 clock hours of continuing education for renewal of a 2-year license; and an occupational therapy assistant shall complete 12 clock hours of continuing education for a renewal of a 2-year license.

A. Professional workshops, self/formal study courses or video presentation, see R4-43-203(D)

Hours Names of professional workshops, self/formal study courses or video presentation

B. Completion of an undergraduate or graduate course at a college or university, see R4-43-203(D)

Hours Course Title

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Proof of a grade "C" or better, and a personal statement describing how the course extends the licensee's professional skill and knowledge is required.

C. Publication of a book, see R4-43-203(D)(5)(a) – max 10 clock hours, must include copy of book

Hours Title of book

		Max of 10 hours
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D. Publication of a chapter of a book, see R4-43-203(D)(5)(c) – max 5 clock hours, must include copy of chapter

Hours Title of chapter of the book

		Max of 5 hours
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E. Publication of an article, see R4-43-(D)(5)(b) – max 4 clock hours, must submit copy of article

Hours Title of the article

		Max of 4 hours
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F. Publication of a film or video tape, see R4-43-203(D)(5)(d & e) – max 6 clock hours, must submit copy of video

Hours Title of the film or video tape

		Max of 6 hours
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G. Presentation of a course or program, see R4-43-203(D)(6) – not less and 1.5 hours in duration for a max of 4 clock hours, must submit brochure, agenda, or similar describing a. Content of presentation, date, duration and location of presentation, name of presenting licensee or a signed certificate or letter from the program organizer.

Hours Name of course or program presented

		Max of 4 hours
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H. In-Service, see R4-43-203(D)(7) – relating to clinical occupational therapy services excluding safety, fire evacuation, and cardiopulmonary resuscitation (CPR), max of 4 clock hours must submit a. A letter from supervising occupational therapist or other immediate supervisor and; b. a licensee statement of specific topics, presenters, dates, times, location and how the training or in-service relates to the clinical practice of occupational therapy or contributes to professional competency.

Hours Name of the In-Service *(Attach a statement)*

		Max of 4 hours

I. _____ TOTAL OF ALL TRAINING HOURS

A licensee may fulfill continuing education requirement by completing any of the following:

1. A professional workshop, seminar, or conference and submitting proof of attendance as follows:
 - a. The American and Arizona Occupational Therapy Association's original check-in sheet displaying the organization's name, official stamp, hours, and licensee's name; or
 - b. Photocopy of a signed certificate or letter issued by the sponsoring organization or instructor displaying the clock-hours, date of attendance, name of the workshop, seminar, or conference, licensee's name, and information necessary to contact the sponsoring organization or instructor for verification of attendance;
2. Self-study or formal study through course work and submitting a photocopy of a signed certificate or letter issued by the sponsoring organization or instructor displaying the clock hours, dates of attendance, name of the study or course work, licensee's name, and information necessary to contact the sponsoring organization or instructor for verification of attendance;
3. Viewing a taped video presentation and submitting a photocopy of a signed certificate or letter issued by the sponsoring organization or instructor displaying the clock-hours, dates of attendance, name of the study or course work, licensee's name, and information necessary to contact the sponsoring organization or instructor for verification of attendance;
4. Undergraduate, graduate college, or university course work of a grade "C" or better and submitting a course completion notification sheet and a statement describing how the course extends the licensee's professional skill and knowledge;
5. Publishing:
 - a. A book, for a maximum credit of 10 clock-hours, and submitting a copy of the book;
 - b. An article, for a maximum credit of 4 clock-hours, and submitting a copy of the article;
 - c. A chapter of a book, for a maximum of 5 clock-hours, and submitting a copy of the chapter or book;
 - d. A film, for a maximum of 6 clock-hours, and submitting a copy of the film; or
 - e. A videotape, for a maximum of 6 clock-hours, and submitting a copy of videotape;
6. Presenting a program, workshop, seminar, or conference of not less than 1.5 hours in duration for a maximum of 4 clock-hours and submitting a brochure, agenda, or similar printed material describing:
 - a. The content of the presentation, workshop, seminar, or conference;
 - b. The date, duration, and location of the presentation conference, workshop, or seminar; and
 - c. The name of the presenting licensee or a signed certificate or letter from the program organizer if other than the presenting licensee; or
7. In-service training related to clinical occupational therapy services excluding safety, fire evacuation, and cardiopulmonary resuscitation (CPR), for a maximum of 4 clock-hours and submitting:
 - a. A letter from the supervising occupational therapist or other immediate supervisor; and
 - b. A licensee's statement consisting of:
 - i. Specific topics,
 - ii. Presenters,
 - iii. Dates,
 - iv. Times,
 - v. Location, and
 - vi. How the training or in-service relates to the clinical practice of occupational therapy or contributes to professional competency.

DISCIPLINARY QUESTIONS

Before answering the next questions, read the following: **The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

1. Since your license was granted or your last renewal, whichever is later, have you been arrested, convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred in any felony or undesignated offense?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related arrests or convictions?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your Occupational therapy license you hold in any state or territory of the United States?

☐ Yes ☐ No

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Please be advised that failure to provide the requested documents will delay the processing of your application.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws of the State of Arizona and the Rules established by the Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AND

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as an occupational therapist or an occupational therapy assistant in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Occupational Therapy Examiners and the associated rules established by the Board of Occupational Therapy Examiners, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Occupational Therapy Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state, under penalty of perjury, that all statements made by me and exhibits attached within this application are true, complete, and accurate.

I understand that my fingerprint card submitted with my application will be used to check the Federal Bureau of Investigations (FBI) criminal history records to determine my suitability for licensure. FBI criminal history information obtained as a result of fingerprinting often has arrest information but no disposition of charges listed (i.e. "dismissed", "convicted", etc.). If the official record received by the Board reflects an arrest, I will be required to provide official documentation obtained from the court regarding the disposition of the arrest, even if the charge was ultimately dismissed.

In the event I feel my criminal history record is inaccurate or incomplete, I understand that I will be afforded the opportunity to challenge the accuracy of the record and assure that the record is complete, pursuant to Title 28, Code of Federal Regulations (CFR), section 16.34.

Signature of Applicant: _____ Date: _____